

CLAIMS ONLY

Application Number

10753093

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	cancel					
10	cancel					
11	1					
12		1				
13		1				
14		1				
15	cancel					
16	cancel					
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49						
50						
Total Indep	4					
Total Depend	12					
Total Claims	16					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						